CLAIMS ONLY

Application Number: 10/696088

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	~~FILED~~		~~AFTER FIRST~~ AMENDMENT		~~AFTER SECOND~~ AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3		2					53						
4		1					54						
5		1					55						
6		1					56						
7		4					57						
8		0					58						
9		6					59						
10		2					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		2					71						
22		1					72						
23		2					73						
24							74						
25							75						
26		1					76						
27		1					77						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	32						Total Depend						
Total Claims	34						Total Claims						